**FEE: \$10.00** 

Payable To:

State of New Hampshire HELP LINE TDD ACCESS:

RELAY NH 1-800-735-2964

## State of New Hampshire Department of State

Corporate Division Concord Tel. 603-271-3244

Location: State House Annex - 3rd floor

Mailing Address: Corporate Division, Department of State

107 North Main St., Concord, NH 03301-4989

## CERTIFICATE OF ADDITION IN MEMBERS USING TRADE NAME

Be it known that: (PLEASE	TYPE OR PRINT O	CLEARLY)			
Name of New Owner(s)	No. & St	treet City/Town	State	Zip	
has/have been added to the tr	rade name:				
	(Busi	iness Name)			
at (Business Address) (No.)	(Street)	(City/Town)	(State)	(Zip)	
Effective date:(mon	th / day / year)				
The owners now comprising	the trade name are (if	more space is needed, attach ac	lditional sheet[	s]):	
Name of Owners	No. & St	treet City/Town	State	Zip	
Signed: (must be signed by	all owners including n	ew owners)			
Signature		Print or type name			
Signature		Print or type name			
Signature		Print or type name			
Signature		Print or type name			
Signature		Print or type name			
Signature		Print or type name			

DISCLAIMER: All documents filed with the Corporate Division become public records and will be available for public inspection in either tangible or electronic form.

Form TN-5 RSA 349:2

3/08